

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>9-3-97</u>		2 Serial/Patent # <u>08/834155</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/>	Filing		\$ <u>22</u>							
	Amendment		\$							
	Extension of Time		\$							
	Notice of Appeal/Appeal		\$							
	Petition		\$							
	Issue		\$							
	Cert of Correction/Terminal Disc.		\$							
	Maintenance		\$							
	Assignment		\$							
	Other		\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>22</u>								
		8 TO BE REFUNDED BY:								
		<input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #:								
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">4</td> <td style="width: 20px;">8</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> </tr> </table>		0	2	--	4	8	0	0
0	2	--	4	8	0	0				
10 REASON:										
<input checked="" type="checkbox"/>	Overpayment									
	Duplicate Payment									
	No Fee Due (Explanation):									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Kathy Nelson</u>		TITLE: _____								
SIGNATURE: <u>Kathy Nelson</u>		PHONE: <u>308-1901</u>								
OFFICE: <u>Team 4</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Michelle Middleton</u>		DATE: <u>9-12-97</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: